



North Carolina
Department of Health and Human Services
Division of Medical Assistance
Clinical Policy & Programs
PCS & PCS Plus

1985 Umstead Drive – 2501 Mail Service Center - Raleigh, N.C. 27699-2501
Courier Number 56-20-06

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Mark T. Benton, Interim Director

PCS/PCS-PLUS Training for Registered Nurses
Class Registration Form
Fax: 919-715-2628

Date form faxed to DMA: ____/____/____

R.N. Name (print): _____

Date of RN Licensure: _____

Years of Home Health or Home Care Experience: _____

Name of Agency Employed By: _____ Provider #: _____

Agency Phone Number: ____/____/____

Agency Fax Number: ____/____/____

For DMA Use only

Approved to attend DMA class _____

Approval Date: ____/____/____

For DMA Use only

Scheduled Class Date:

____/____/____

Location: ----Room 297 @ DMA

Time: ----9a.m. – 1 p.m.

(In lieu of a fax) Mail the form to:

Division of Medical Assistance
Facility and Community Care Section
1985 Umstead Drive
2501 Mail Service Center
Raleigh, NC 27699-2501
Attn: David or Phyllis